

UNITED STATES DISTRICT COURT
for the
DISTRICT OF MASSACHUSETTS

KIRBY VANCE BROWNING

Plaintiff

v.

MICHAEL AMES, ET AL.

Defendant

Civil Action No.:
4:25-CV-40025-DHH

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)*

**MICHAEL AMES, ET AL., PRESIDENT
RFK COMMUNITY ALLIANCE
971 MAIN STREET
LANCASTER, MA 01523**

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

ROBERT M. FARRELL

CLERK OF COURT

/s/ – Francis Castilla

Signature of Clerk or Deputy Clerk



ISSUED ON 2025-05-05 15:44:28, Clerk USDC DMA

Civil Action No.: 4:25-CV-40025-DHH

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) _____
was received by me on (date) _____.

☐ I personally served the summons on the individual at (place) _____
_____ on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
_____, a person of suitable age and discretion who resides there,
on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
designated by law to accept service of process on behalf of (name of organization) _____
_____ on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☐ Other (specify) :

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date

Server's Signature

Printed name and title

Server's Address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT

for the

District of Massachusetts

Case No. _____

(to be filled in by the Clerk's Office)

KIRBY VANCE BROWNING

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☐ Yes ☒ NoREF COMMUNITY ALLIANCEAW OFFICE OF ALFRED A. GRAY, JR.(SEE ATTACHED)

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

MOTION FOR APPOINTMENT OF COUNSEL

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

KIRBY VANCE BROWNING, PRO SE

Street Address

401 FLINT AVENUE - APT # 216

City and County

ALBANY/DOUGHERTY COUNTY

State and Zip Code

GEORGIA/31701-5007

Telephone Number

(229) 405-4437

E-mail Address

KIRBYVBROWNING@GMAIL.COM.**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

Defendant No. 1

Name

MICHAEL AMES

Job or Title (if known)

CEO + PRESIDENT, RFK COMMUNITY ALLIANCE

Street Address

971 MAIN STREET

City and County

LANCASTER / WORCESTER COUNTY

State and Zip Code

MASSACHUSETTS / 01523

Telephone Number

(978) 365-7376

E-mail Address (if known)

Defendant No. 2

Name

DAVID LIBBY

Job or Title (if known)

CEO, RFK COMMUNITY ALLIANCE

Street Address

971 MAIN STREET

City and County

LANCASTER / WORCESTER COUNTY

State and Zip Code

MASSACHUSETTS / 01523

Telephone Number

(978) 365-7376

E-mail Address (if known)

Defendant No. 3

Name

ALFRED A GRAY, JR.

Job or Title (if known)

LAWYER

Street Address

3 JILL CIRCLE

City and County

NORTH READING / ESSEX COUNTY

State and Zip Code

MASSACHUSETTS / 01864

Telephone Number

(617) 775-4220

E-mail Address (if known)

ALFGRAY0257@GMAIL.COM

Defendant No. 4

Name

Job or Title (if known)

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

DEFENDANTS

1) MICHAEL AMES

CEO + PRESIDENT, RPK COMMUNITY ALLIANCE

971 MAIN STREET

LANCASTER / WORCESTER COUNTY

MASSACHUSETTS 01523

(978) 365-7376

EMAIL ADDRESS NOT KNOWN

DAVID LIBBY

CEO, RPK COMMUNITY ALLIANCE

971 MAIN STREET

LANCASTER / WORCESTER COUNTY

MASSACHUSETTS 01523

(978) 365-7376

EMAIL ADDRESS NOT KNOWN

ALFRED A. GRAY, JR.

ATTORNEY, OFFICE OF ALFRED A. GRAY, JR.

3 TILL CIRCLE

NORTH READING / ESSEX COUNTY

MASSACHUSETTS 01864

(617) 775-4920

EMAIL: ALFREDGRAY6257@GMAIL.COM

b. If the defendant is a corporation

The defendant, (name) RFK COMMUNITY ALLIANCE is incorporated under the laws of the State of (name) MASSACHUSETTS, and has its principal place of business in the State of (name) MASSACHUSETTS.
Or is incorporated under the laws of (foreign nation) _____, and has its principal place of business in (name) _____.

(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)

3. The Amount in Controversy

The amount in controversy-the amount the plaintiff claims the defendant owes or the amount at stake-is more than \$75,000, not counting interest and costs of court, because (explain):

IN 1990, WHEN I RESIGNED FROM THE U.S. POSTAL SERVICE IN WESTCHESTER COUNTY, NEW YORK, I WAS EARNING \$15.00 PER HOUR. I WOULD OTHERWISE HAD I REMAINED WITH THE POSTAL SERVICE, HAVE RETIRED AROUND 2015. RFK COMMUNITY ALLIANCE OWES ME FOR BETWEEN 1990 + 2015 THE TOTAL AMOUNT THE \$15.00 PER HOUR I EARNED IN 1990 WOULD HAVE ACCUMULATED BY 2015

III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

WITHOUT THE CLAIM I HAVE MADE, DUE TO PTSD FROM SEXUAL ABUSE I SUFFERED IN SEPTEMBER, 1964, I NOW LIVE IN POVERTY ON ONLY SSI + FOOD STAMPS. THE ABUSE WAS DONE BY DAVID C. PERKINS, THE THEN DIRECTOR OF THE THEN-PERKINS SCHOOL, NOW THE RFK COMMUNITY ALLIANCE, SAID ABUSE OCCURED AT THE SCHOOL'S SUMMER CAMP OCEANWARD IN FRIENDSHIP, MAINE.

I APPLIED FOR DAMAGES TO THE RFK ALLIANCE BUT THEY + THEIR ATTORNEY, ALFRED A GRAY, JR., HAVE DENIED MY CLAIM.

IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages. I ASK THE COURT TO ORDER RFK COMMUNITY ALLIANCE TO CEASE + DESIST DENIAL OF MY CLAIM FOR DAMAGES, WHICH CONTINUES AT THE PRESENT TIME, THE AMOUNTS CLAIMED ARE THE \$15.00 PER HOUR

I WOULD HAVE STILL EARNED BETWEEN 1990 + 2015. I AM NOT GOOD AT MATH + SO AM UNABLE TO FIGURE OUT WHAT THE TOTAL AMOUNT OF DAMAGES WOULD BE. WITHOUT THE GRANTING OF DAMAGES, MY QUALITY OF LIFE IS COMPROMISED. IT SPEAKS TO POVERTY

V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney *I AM UNABLE TO AFFORD ONE,*

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 9 DECEMBER 2024 (SEE BELOW)

Signature of Plaintiff

Printed Name of Plaintiff

Kirby Vance Browning, PRO SE
KIRBY VANCE BROWNING, PRO SE

B. For Attorneys

Date of signing: _____

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address

DELAY INCURRED BETWEEN ABOVE DATE OF SIGNING + DATE OF MAILING OF THESE FORMS IS DUE TO LENGTH OF TIME MY SEEKING ASSISTANCE + ADVICE FROM MY BROTHER IN TEXAS + A FRIEND HERE IN ALBANY, GA. ALSO FROM PROCESS IN FILLING OUT THESE FORMS. I HAVE NO PRIOR EXPERIENCE IN NAVIGATING THIS FORM OF PROCESS.

I DEFEND WITH UTMOST VIGOUR MY CLAIM FOR FINANCIAL COMPENSATION. THIS IS AND REMAINS AN EXISTENTIAL MATTER THAT ~~AND IT~~ AFFECTS MY QUALITY OF LIFE.

I NOW ASK THE RFK COMMUNITY ALLIANCE AND ITS LAWYER, MR. ALFRED GRAY, THIS:

1) WILL Y'ALL DO THE RIGHT AND HONOURABLE THING AND GRANT ME THE FINANCIAL COMPENSATION FOR THE SEXUAL ABUSE I ~~SUFFERED~~ ~~SUFFERED~~ ~~SUFFERED~~, WHICH COMPENSATION I RIGHTLY DESERVE AND NEED TO RECLAIM MY QUALITY OF LIFE? THIS WOULD BE MOST COMMENDABLE

OR

2) DO Y'ALL CONTINUE TO DELAY, STONEWALL AND DENY ME THE SAID COMPENSATION AND THUS RELEGATE MY REMAINING YEARS (FROM MY AGE OF 81) TO POVERTY AND LOSS OF MY QUALITY OF LIFE? IF Y'ALL DO THIS, IT WOULD BE MOST DISHONOURABLE - AND MAY THAT BE UPON YOUR HEADS.

I AWAIT YOUR RESPONSE TO THIS,

Kirby Browning

KIRBY BROWNING

P.S.

~~23~~ 23 DECEMBER 2024

I AM FURTHER INCENSED THIS DAY TO SEE ON MY COMPUTER A NEW YORK TIMES STORY ON VICTIMS OF SEXUAL ABUSE AT CATHOLIC-RUN BOYS' SCHOOLS IN IRELAND RELATING THEIR OWN STORIES OF TORMENT - ALMOST EXACTLY A CARBON COPY OF MY OWN DREAR AT THAT SUMMER CAMP IN MAINE.

THIS ENTIRE ISSUE DEMANDS ACCOUNTABILITY THAT IS LONG OVERDUE

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

County of Residence of First Listed Defendant WORCESTER COUNTY
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known) LAW OFFICE OF
ALFRED A. GRAY, JR.
3 JIL COURT, NORTH READING, MA. 01864
617-775-4220

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☐ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☒ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- (For Diversity Cases Only)
- | | | | | | |
|---|---------------------------------------|---------------------------------------|---|----------------------------|---------------------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business in This State | <input type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |
| Citizen of Another State | <input checked="" type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business in Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

Click here for: [Nature of Suit Code Descriptions.](#)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input checked="" type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Medical Malpractice	<input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 835 Patent - Abbreviated New Drug Application <input type="checkbox"/> 840 Trademark <input type="checkbox"/> 880 Defend Trade Secrets Act of 2016 SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 376 Qui Tam (31 USC 3729(a)) <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit (15 USC 1681 or 1692) <input type="checkbox"/> 485 Telephone Consumer Protection Act <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rental Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input checked="" type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from Another District (specify)
- ☐ 6 Multidistrict Litigation - Transfer
- ☐ 8 Multidistrict Litigation - Direct File

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

446 AMERICANS W/ DISABILITIES - OTHER

Brief description of cause:

DENIAL OF MONEY DAMAGES FOR SEXUAL ABUSE

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$ 15,000 PER HR CHECK YES only if demanded in complaint:
TOTAL AMT. FR. 1996-2015 DEMAND: ☒ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See Instructions):

JUDGE

DOCKET NUMBER

DATE

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS1. Title of case (name of first party on each side only) KIRBY VANCE BROWNING, PRO SE

2. Category in which the case belongs based upon the numbered nature of suit code listed on the civil cover sheet. (See local rule 40.1(a)(1)).

☐

I. 160, 400, 410, 441, 535, 830*, 835*, 850, 880, 891, 893, R.23, REGARDLESS OF NATURE OF SUIT.

☐

II. 110, 130, 190, 196, 370, 375, 376, 440, 442, 443, 445, 446, 448, 470, 751, 820*, 840*, 895, 896, 899.

☐

III. 120, 140, 150, 151, 152, 153, 195, 210, 220, 230, 240, 245, 290, 310, 315, 320, 330, 340, 345, 350, 355, 360, 362, 365, 367, 368, 371, 380, 385, 422, 423, 430, 450, 460, 462, 463, 465, 480, 485, 490, 510, 530, 540, 550, 555, 560, 625, 690, 710, 720, 740, 790, 791, 861-865, 870, 871, 890, 950.

*Also complete AO 120 or AO 121. for patent, trademark or copyright cases.

I HAVE NO IDEA WHAT ANY OF THE ABOVE REFERS TO

3. Title and number, if any, of related cases. (See local rule 40.1(g)). If more than one prior related case has been filed in this district please indicate the title and number of the first filed case in this court.

4. Has a prior action between the same parties and based on the same claim ever been filed in this court?

YES ☐NO ☒

5. Does the complaint in this case question the constitutionality of an act of congress affecting the public interest? (See 28 USC §2403)

YES ☐NO ☒

If so, is the U.S.A. or an officer, agent or employee of the U.S. a party?

YES ☐NO ☐

6. Is this case required to be heard and determined by a district court of three judges pursuant to title 28 USC §2284?

YES ☒NO ☐7. Do all of the parties in this action, excluding governmental agencies of the United States and the Commonwealth of Massachusetts ("governmental agencies"), residing in Massachusetts reside in the same division? - (See Local Rule 40.1(d)).YES ☐NO ☐A. If yes, in which division do all of the non-governmental parties reside?Eastern Division ☐Central Division ☐Western Division ☐

B. If no, in which division do the majority of the plaintiffs or the only parties, excluding governmental agencies, residing in Massachusetts reside?

Eastern Division ☐Central Division ☐Western Division ☐

8. If filing a Notice of Removal - are there any motions pending in the state court requiring the attention of this Court? (If yes, submit a separate sheet identifying the motions)

YES ☐NO ☐

(PLEASE TYPE OR PRINT)

ATTORNEY'S OR PRO SE'S NAME

KIRBY BROWNING, PRO SE

ADDRESS

401 FLINT AVENUE / APT #216 / ALBANY, GA 31701-5602

TELEPHONE NO.

(729) 405-4937

EMAIL ADDRESS

KIRBYBROWNING@GMAIL.COM

AO 440 (Rev. 10/93) Summons in a Civil Action

UNITED STATES DISTRICT COURT

District of _____



Mr. Kirby Browning
401 Flint Ave Apt 216
Albany, GA 31701-5007

SUMMONS IN A CIVIL CASE

V.

CASE

CLAIM FOR GRANTING OF FINANCIAL
COMPENSATION FOR SEXUAL ABUSE

TO: (Name and address of Defendant)

1) REF COMMUNITY ALLIANCE
971 MAIN STREET
LANCASTER, MA 01523

2) ALFRED A. GRAY
3 JILL CIRCLE ~~6000~~
NORTH READING, MA 01864

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

~~ATTORNEY~~ FOR KIRBY BROWNING, APPOINTED

BY UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS

an answer to the complaint which is herewith served upon you, within _____ days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

CLERK

DATE

(By) DEPUTY CLERK

RETURN OF SERVICE

Service of the Summons and complaint was made by me ⁽¹⁾	DATE RECEIVED BY [Signature]
NAME OF SERVER (PRINT)	TITLE

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the third-party defendant. Place where served: _____
- ☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.
Name of person with whom the summons and complaint were left: _____
- ☐ Returned unexecuted: _____
- ☐ Other (specify): _____

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____
Date

Signature of Server

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

I, KIRBY BROWNING, AM NOT THE SERVER, SINCE I LIVE IN ALBANY, GA. + AM UNABLE TO LEAVE TOWN TO GO ANYWHERE ELSE